

Introduction to the Re-deeming Notice: Change in (Extra Help) Copayment Level Version

What Is the Purpose of This Notice and Who Gets It?

The purpose of this notice is to inform people with Medicare who will continue to automatically qualify for extra help (be deemed) in 2007 if their copayment level will change. The notice informs these people what their copayment will be as of January 1, 2007.

The change in copayment level could result from a change from one of the following categories to another: institutionalized with Medicare and Medicaid, have Medicare and Medicaid, get help from Medicaid paying Medicare premiums (belong to a Medicare Savings Program), or get Supplemental Security Income benefits but not Medicaid.

When Do People Get This Notice?

The notice will be mailed by early October on white paper.

What Should People Do Next?

If they have questions about Medicare prescription drug coverage or the information in this notice, here are some resources:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- “Medicare & You” handbook.
- www.medicare.gov on the web.
- State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See the “Medicare & You” handbook or call 1-800-MEDICARE for their telephone number.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

Please keep this notice for your records. You currently qualify for extra help to help you pay for your Medicare prescription drug coverage. You will continue to qualify for all of 2007. However, the amount of help you are getting to pay for your prescriptions has changed. This means the amount you pay for each prescription is changing. This notice shows the new amounts you will pay for each prescription.

Now: You pay <up to \$1 or \$2 for generic drugs and up to \$3 or \$5 for brand name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies. These amounts continue until December 31, 2006.

Next Year: Starting January 1, 2007, you will pay <up to \$1 or \$2.15 for generic drugs and up to \$3.10 or \$5.35 for brand name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies.

Where can I get more information?

If you have questions about Medicare prescription drug coverage or the information in this notice, here are some resources:

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- "Medicare & You" handbook.
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If you think you received this notice because of an error, call 1-800-MEDICARE.

Para obtener una copia de esta aviso en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.